

## **Background Check Consent Form**

**\*\*\*PLEASE NOTE: Background Checks are only performed between the hours of 9AM-11AM and 1PM-3PM on Tuesdays and Thursdays.**

I authorize the **Brookhaven Police Department** to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

Print Full Name: \_\_\_\_\_

Maiden Name/Previous Name/Alias Info: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Are you a U.S. Citizen?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If no, you will need to have your Green Card available.** Country of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Sec#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

### **For Finance Dept Use Only:**

- ☐ Only Background Check & Fingerprints (No Permit Required)
- ☐ Only Background Check (No Permit Required)
- ☐ Return Results to Finance Department

Employee Completing: \_\_\_\_\_ Date Complete: \_\_\_\_\_

Record Attached: \_\_\_\_\_ No Record: \_\_\_\_\_